CHANGE OF ADDRESS OF RESIDENT STUDENT – PLEASE COMLPETE ONE FOR EACH CSD STUDENT

STUDENT INFORMATION

_____

FIRST **MIDDLE** **LAST** **SCHOOL/GRADE**

PRESENT ADDRESS _____

Number **Street Name** **Apt. #** **City** **Zip**

PREVIOUS ADDRESS _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ **Email:** _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ **Email:** _____

Parent/Guardian Signature _____ Date: _____

All information regarding proof of residency is complete and correct to the bet of my knowledge. I understand that false information will result in the removal of the student and I will be liable for the annual tuition rate.

For Registration Office Use Only Registrar:

DATE: _____ ID NO# _____ OA Request? Yes No Home School _____

School _____ Grade_____

Received: _____ Driver's License/ID _____ Lease/Deed/Tax Bill _____ Utility Bill _____ Multiple Occupancy

Residency Verified? _____ Transportation Notified: _____

Revised March 2021